STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form APPELLATE CASES

Name of Claimant			Vendor ID #		
Contract attorneys must attach an itemized invoice to this summary form. The invoice must detail services by assigned OPD client number and document dates, time spent, rate of pay, and a description of the activity. Attach a copy of the pre-approval notice for any pre-approved costs. OPD client numbers are assigned by the Appellate Office. Separate summary forms must be prepared for non-appellate cases. All travel expenses reported on this claim are to be detailed on a travel expense voucher form by case number and attached to this claim form. Monthly office expense stipends are to be listed as the last line item on the form. Claimant must submit a monthly claim by the 10th of the month following the month in which costs were incurred. Submit this claim to Office of the Appellate Defender, P.O. Box 200145, Helena, MT 59620-0145. Please mail the original. We cannot accept faxes. Month/Year					
Client Name	OPD-Assigned Case ID #	Hours Worked	Total Fees	Total Costs (including Travel)	Total Fees & Costs
TOTALS					
The undersigned Counsel certifies that the cases listed, expenses claimed and the times reported are true and accurate.					
Attorney's Signature/Date of Submission			Appellate Defender's Approval/Date Approved		

Signatures above certify that all costs in excess of \$200 have been pre-approved.

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OPD 061708CAA